



The Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants & Research  
Research and Policy Analysis Division  
Ten Park Plaza, Suite 3720  
Boston, Massachusetts 02116

Electronic Control Weapons (ECW) Use Reporting Form

Calendar Year 2017			
Agency Name: Westfield			
Name of Chief, Commissioner, or Agency Head:	Name of Individual Completing Report:		
John A. Camerota	John A. Camerota		
Contact Telephone:	Ext.	Contact Email:	Date Submitted:
(413) 562-2133		j.camerota@cityofwestfield.org	07/13/2017

Semi-Annual Reporting Period	Time Period	Report Due Date
<input checked="" type="radio"/> 1st	January 1, 2017 – June 30, 2017	July 31, 2017
<input type="radio"/> 2nd	July 1, 2017 – December 31, 2017	January 31, 2018

**Important!**

- Collection of these data is authorized and required under MGL ch.170 sec. 2 of the Acts of 2004.
- EOPSS is mandated to publish these data annually. Annual reports are posted on the EOPSS website.
- Only provide information that reflects use of ECWs *during this semi-annual reporting period only*.
- Submit the completed report to [ecw@MassMail.State.MA.US](mailto:ecw@MassMail.State.MA.US) or fax it to Charlie Lizza at 617.725.0260.
- Contact Charlie Lizza by phone (617.725.3311) or via email ([ecw@MassMail.State.MA.US](mailto:ecw@MassMail.State.MA.US)) with any questions or concerns.

Revised 06.1.17

## PART I. AGENCY INFORMATION

1. How many sworn officers were in your department at the end of this reporting period?  
*Include all part-time, full-time, reserve and other officers employed by your department.*

90

2. How many sworn officers have completed the approved training program for ECWs to date?  
*Include all part-time, full-time, reserve and other officers employed by your department.*

76

3. How many ECWs does your department own?

12

4. How many sworn officers who have completed the approved training program for ECWs carried ECWs during this reporting period?  
*Include all part-time, full-time, reserve and other officers employed by your department.*

52

5. How many ECW involved incidents occurred during this reporting period?

11

- See next page for definition of an *ECW incident*.
- If no incidents occurred, report a value of zero (0) leave remaining questions blank.  
Submit entire form.



## PART II. INCIDENT LEVEL INFORMATION

### DEFINITIONS FOR SECTION II

#### ECW Incident

- An event in which an officer (or a group of officers) issued a warning and/or deployed an ECW on a single subject.

#### ECW Contact

- Each individual officer's deployment, warning, or display of an ECW towards a single subject.

*Example:* Four officers respond to one call and only one officer issues a warning and a second officer deploys a weapon on a single subject. This would be one incident and two contacts (e.g., 1 and 1b).

#### ECW Warning Types

- **Verbal/visual warning** – any spoken words or display of the ECW that would indicate to a subject that an ECW may be used. This warning can include:

- 1) Any direct wording to a subject indicating or implying that an ECW will be used:

*Example:* Displaying ECW and shouting, "Stop!"

- 2) Any indirect wording that a subject may overhear indicating or implying that an ECW is about to be deployed.

*Example:* A warning to other officers that an ECW is about to be deployed: "Taser, Taser, Taser"

- **Laser warning** - laser function of the ECW is utilized as a warning.
- **Spark warning** - spark function of the ECW is utilized as a warning.

#### ECW Deployment Types

- **Probe Deployment** – the probe function of the ECW is utilized (includes follow-up drive stuns when a single probe is still attached).
- **Stun Deployment** – the drive stun function of the ECW is utilized.



1 Incident Number	2 Weapon Serial Number	3 Weapon Color	4 Date of Incident	5 Warning	6 Verbal/Visual Warning		7 Laser Warning		8 Spark Warning	
Line number  EX 1 EX 1b - 2	List the incident number sequentially (1,2,3).  Do not list in-house incident numbers.  For incidents with more than one officer use same incident number and chronological letter suffix.	Indicate the color of the ECW device.	List the date in which the ECW incident occurred.	mm/dd/yyyy	Select: Yes or No If No, skip to question 10	Select: Yes or No If No, skip to question 7	Select: Yes or No If No, skip to question 8	Select: Yes or No	Select: Yes or No If No, skip to question 9	Select: Yes or No
	XX12345 C23456 T1234DE	Yellow Black Yellow	07/02/2015 01/02/2015 02/05/2015	Yes No Yes	Yes No No	No Yes Yes	No Yes Yes	No Yes Yes	No Yes Yes	
01	1	X13003TVO	Yellow	01/04/2017	Yes	Yes	No	No	No	
02	2	11003X3	Yellow	01/16/2017	Yes	Yes	No	Yes	No	
03	3	X13002A5W	Yellow	03/20/2017	Yes	Yes	No	No	No	
04	4	X13002AA9	Yellow	04/02/2017	Yes	Yes	No	No	No	
05	5	X13003TWR	Yellow	04/03/2017	Yes	Yes	No	No	No	
06	6		Yellow	04/11/2017	Yes	Yes	No	No	No	
07	7	X00316590	Yellow	05/15/2017	Yes	Yes	No	No	No	
08	8	X13002A5	Yellow	06/13/2017	No	No	No	No	No	
09	9	X13002ACC	Yellow	06/14/2017	Yes	Yes	No	No	No	
10	10	X13003TWR	Yellow	06/14/2017	Yes	Yes	No	No	No	
11	11	X13002ACC	Yellow	06/23/2017	Yes	Yes	No	No	No	

9 Submission	10 Probe Deployments			11 Stun Deployments		12 Subject Sex	13 Subject Race		14 DOB
Line number  If the subject submitted to any ECW warning type, did submission continue throughout the duration of the entire incident?  Select: Yes or No  If the subject did not submit to any ECW warning types, <del>Select:</del>	a. Indicate the number of 2 dart probe deployments.	b. Indicate the number of 5 second cycle deployments.	c. Did subject submit to probe deployments?	a. Indicate the number of stun deployments.	b. Did subject submit to stun deployments?		With the exception of Hispanic or Latino consider all race categories as being of non-Hispanic origin		Subject date of birth Leave blank if unknown.
			Select: Yes or No  (If 0, enter 0 and skip to question 11)		Select: Yes or No  (If 0, enter 0 and skip to question 12)		Select: Male Female Non-Human (i.e. dog) if Non-human STOP	Select: White Black Hispanic or Latino American Indian/Alaska Native Asian Native Hawaiian or other Pacific Islander Two or more races Other (please specify on the line) Unknown	mm/dd/yyyy
EX No	0			2	Yes	Male	White	05/10/1965	
EX 1	3	Yes		0		Male	White	05/10/1965	
EX Yes	0			0		Female	American Indian/Alaska Native	12/01/1948	
01	1	1	Yes	0		Male	White	11/06/1984	
02	1	2	Yes	0		Male	White	06/27/1983	
03	1	1	No	1	Yes	Male	White	07/25/1987	
04	1	2	No	1	No	Male	White	09/14/1976	
05	1	1	Yes	1	No	Male	White	09/28/1979	
06	0	0		1	Yes	Male	White	11/28/1968	
07	1	1	Yes	0		Male	White	07/29/1987	
08	1	1	No	1	Yes	Male	White	12/02/1963	
09	0	0		6	Yes	Male	Hispanic or Latino	08/18/1955	
10	1	1	No	1	Yes	Male	White	06/06/1986	
11	0	0		1	Yes	Male	White	10/13/1983	



**Need more pages?**

Use the following pages to report additional cases. If additional space is still needed, copy the original blank file and complete.